

New Account Checklist

Once you open your new blueharbor bank account, refer to this guide to make your blueharbor move easy and convenient! We're happy to assist you. For assistance, please contact a blueharbor Universal Associate at our Mooresville Store.

NEW ACCOUNT CHECKLIST

To close an account and transfer any remaining funds, you will need:

- ❖ Old account number/recent bank statement
- ❖ New account number (checking/savings/IRA-provided by blueharbor)
- ❖ blueharbor routing #053112783
- ❖ Account Closing/Transfer Request Form (provided by blueharbor)
- ❖ Remember to make sure all checks have cleared on your old account!

To change your payroll or direct deposit you will need:

- ❖ Old account number/recent bank statement
- ❖ New account number (checking/savings/IRA provided by blueharbor)
- ❖ blueharbor routing #053112783
- ❖ Payroll/Direct Deposit Transfer Request Form (provided by blueharbor)

To change your Social Security Direct Deposit, you will need:

- ❖ New account number (checking/savings/IRA provided by blueharbor)
- ❖ blueharbor routing #053112783

To change an automatic payment or withdrawal you will need:

- ❖ Recent statement from vendor
- ❖ New account number (checking/savings/IRA provided by blueharbor)
- ❖ blueharbor routing #053112783
- ❖ Automatic Payment/Withdrawal Request Form (provided by blueharbor bank)

To discuss transferring an existing loan, you will need:

- ❖ Recent loan statement with loan account number and balance remaining
- ❖ Loan Transfer Worksheet (provided by blueharbor bank)

To transfer a 401K (or other retirement account) account, you will need:

- ❖ Recent account statement
- ❖ Contact information for your employer or former employer
- ❖ New account number (checking/savings/IRA provided by blueharbor)

Account Closing/Transfer Request

Use this form to close your old bank account(s) and transfer any remaining account balance(s) from your old bank to your new blueharbor account.

Send this completed form to your old bank once all checks have cleared on the account. Make sure enough funds are available in your old account to cover any automatic payments that have yet to be withdrawn. Double check maturity dates if transferring a *Certificate of Deposit* in order to avoid possible penalties.

For assistance, please contact a blueharbor Universal Associate at our Mooresville Store.

ACCOUNT CLOSING/TRANSFER REQUEST

To:

BANK NAME

BANK ADDRESS

BANK CITY, STATE, ZIP

FROM:

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

RE: Account Closing Request

PLEASE CLOSE THE FOLLOWING ACCOUNTS WITH YOUR INSTITUTION EFFECTIVE AS OF _____

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Please send any remaining funds in these accounts to the following address:

blueharbor bank
 106 Corporate Park Drive
 PO Box 3546
 Mooresville, NC 28117
 Routing/ABA # 053112783

Deposit instructions:

Deposit entire amount to checking account number: _____ OR

Deposit \$ _____ to savings account number: _____ AND

the remainder to checking account number: _____

I authorize:

- ❖ The listed entity to change the future deposit of my funds from my blueharbor checking and/or savings account.
- ❖ blueharbor to credit entries to my account(s).
- ❖ This authorization to remain in effect until I send written notice of change of cancellation.

Signature: _____
ORIGINAL SIGNATURE REQUIRED TO AUTHORIZE CHANGE

DATE: _____

Automatic Payment/Withdrawal Transfer Request

Use this form to transfer your automatic withdrawal(s) from your old bank account to your new blueharbor account. Please attach a voided check from your new blueharbor account.

Complete a form for each vendor (e.g., Duke Energy) who debits money from your account. You will need a separate form for each automatic withdrawal.

For assistance, please contact a blueharbor Universal Associate at our Mooresville Store.

AUTOMATIC PAYMENT/WITHDRAWAL TRANSFER

To:

 COMPANY NAME
 Accounts Receivable/Accounting

 ADDRESS

 CITY, STATE, ZIP

FROM:

 NAME

 ADDRESS

 CITY, STATE, ZIP

 TELEPHONE NUMBER

 SOCIAL SECURITY NUMBER

 COMPANY/UTILITY ACCOUNT NUMBER

RE: Change of Account Payment/Withdrawal

PLEASE DISCONTINUE DEBITING ACCOUNT NUMBER _____ AND/OR _____
 CHECKING

 SAVINGS

WITH _____
 FINANCIAL INSTITUTION

AND CHANGE MY AUTOMATIC WITHDRAWAL TO DEBIT FROM MY NEW BLUEHARBOR ACCOUNT.

blueharbor banks routing information is:

blueharbor bank
 106 Corporate Park Drive
 PO Box 3546
 Mooresville, NC 28117
 Routing/ABA# 053112783

Withdrawal instructions:

Withdraw entire amount from checking account number:

Withdraw \$ _____ from savings account number:
 _____ AND _____

the remainder from checking account number:

I authorize:

- ❖ The above listed entity to initiate withdrawal of my funds from my blueharbor checking and/or savings account.
- ❖ blueharbor to debit entries to my account(s).
- ❖ This authorization to remain in effect until I send written notice of change of cancellation.

Signature: _____
ORIGINAL SIGNATURE REQUIRED TO AUTHORIZE CHANGE

DATE: _____

CREDIT AND DEPOSIT SERVICES OFFERED

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CREDIT SERVICES

The following services are offered within our community as of this date.

Real Estate Mortgages

(Fixed or Adjustable Rate)

- ❖ See associate

Home Equity Loans

- ❖ Home Equity Line of Credit

Commercial Loans

- ❖ Secured Business Loans
- ❖ Small Business Administration Loans
- ❖ Church Loans- Secured
- ❖ Short Term Unsecured Business Loans

Consumer Loans

- ❖ Personal
- ❖ Home Improvement
- ❖ Auto Loans (New and Used)
- ❖ Other Titled Collateral
- ❖ Unsecured
- ❖ Single Payment Loans
- ❖ Credit Cards
- ❖ CD Loans
- ❖ Stock and Bond Secured Loans
- ❖ Overdraft Lines of Credit

DEPOSIT SERVICES

blueharbor bank has a wide array of competitively priced checking, savings, money market accounts and time accounts. The following is a list of products that the bank offers:

Personal Checking Accounts

- ❖ Blue Free Checking
- ❖ Neon Blue Checking
- ❖ Interest Checking
- ❖ Senior Interest Checking
- ❖ Premium Interest Checking

Personal Savings Accounts

- ❖ Blue Ultra Money Market
- ❖ Basic & Childs Savings
- ❖ Health Savings Account

Business Checking Accounts

- ❖ Free Business & Non Profit Checking
- ❖ Business Analysis Checking
- ❖ Business & Non Profit Interest Checking

Business Savings Accounts

- ❖ Blue Market Money Market
- ❖ Blue Earnings Non Profit Savings

Time Investments

- ❖ Various term Certificates of Deposit
- ❖ Individual Retirement Accounts

Loan Transfer Worksheet

Use this worksheet to list all your current loans. For assistance and to complete the loan application process, please contact a blueharbor Loan Officer at our Mooresville Store.

LOAN TRANSFER WORKSHEET

1.	_____
	NAME OF FINANCIAL INSTITUTION

	TYPE OF LOAN

	BALANCE REMAINING
2.	_____
	NAME OF FINANCIAL INSTITUTION

	TYPE OF LOAN

	LOAN ACCOUNT NUMBER

	BALANCE REMAINING
3.	_____
	NAME OF FINANCIAL INSTITUTION

	TYPE OF LOAN

	LOAN ACCOUNT NUMBER

	BALANCE REMAINING

DATE:	_____
FROM:	_____
	NAME

	ADDRESS

	CITY

	STATE, ZIP

	TELEPHONE NUMBER

	SOCIAL SECURITY NUMBER

***Subject to credit approval. This worksheet does not take the place of a blueharbor loan application.**

***Please contact a blueharbor Universal Associate to apply for a loan.**

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER	
CITY STATE ZIP CODE		F TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
C CLAIM OR PAYROLL ID NUMBER		TYPE AMOUNT	
Prefix Suffix			
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME Internal Revenue Service-Grant Program Office	GOVERNMENT AGENCY ADDRESS 401 W Peachtree St NW, Stop 420-D Atlanta, GA 30308
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER			CHECK DIGIT										
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		DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION															
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury 15-51 000		Check No. 0000 415785						
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SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.